

EMPLOYEE PERFORMANCE EVALUATION EVALUATOR CHECKLIST

Employee's Name/PerNr _____ Cabinet & Agency _____

Evaluator/Supervisor's Name _____ Performance Year _____

Employee Information	Yes	No	N/A
Required information is accurate and has been completed in each field on the header of each page.			

Performance Plan	Yes	No	N/A
Evaluator has completed performance evaluation system training per 101 KAR 2:180.			
Plan was completed between the dates of January 1-January 30. (If not, justification is attached-if required)			
Employee was consulted with prior to development/finalization per 101 KAR 2:180.			
Duties have been listed on the evaluation form and are consistent with the employee's position description.			
Expectations listed are specific, measurable and time bound.			
The four categories total 100 points with at least the min number of points assigned in each category.			
Employee, evaluator and next-line supervisor signed and dated with red ink.			
Employee was provided a completed/signed copy.			

1st Interim Review - January 1 - April 30	Yes	No	N/A
Evaluator has completed performance evaluation system training per 101 KAR 2:180.			
Review was completed between the dates of May 1-May 30. (If not, justification is attached-if required)			
Comments address all four performance categories.			
Comments provide specific examples of how the employee performed assigned duties.			
If employee is on leave, comments state "employee is on leave."			
If employee was suspended, comments state "employee was suspended during this interim review period."			
Employee was given the opportunity to provide comments prior to the interim review.			
Employee and evaluator signed and dated with red ink.			
Employee was provided a completed/signed copy.			

2nd Interim Review - May 1 - August 31	Yes	No	N/A
Evaluator has completed performance evaluation system training per 101 KAR 2:180.			
Review was completed between the dates of September 1-September 30. (If not, justification is attached-if required)			
Comments address all four performance categories.			
Comments provide specific examples of how the employee performed assigned duties.			
If employee is on leave, comments state "employee is on leave."			
If employee was suspended, comments state "employee was suspended during this interim review period."			
Employee was given the opportunity to provide comments prior to the interim review.			
Employee and evaluator signed and dated with red ink.			
Employee was provided a completed/signed copy.			

3rd Interim Review - September 1 - December 31	Yes	No	N/A
Evaluator has completed performance evaluation system training per 101 KAR 2:180.			
Review was completed between the dates of January 1-January 30. (If not, justification is attached-if required)			
Appropriate box has been checked on the Interim Meeting Documentation section of the official evaluation form as required.			
If comments are provided, they address all four performance categories.			
If provided, comments contain specific examples of how the employee performed assigned duties.			
If employee is on leave, comments state "employee is on leave."			
If employee was suspended, comments state "employee was suspended during this interim review period."			
Employee was given the opportunity to provide comments prior to the interim review.			
Employee and evaluator signed and dated with red ink.			
Employee was provided a completed/signed copy.			

Final Performance Evaluation	Yes	No	N/A
Evaluator has completed performance evaluation system training per 101 KAR 2:180 and has supervised employee for at least sixty (60) calendar days.			
Final evaluation was completed between the dates of January 1-January 30. (If not, justification is attached-if required)			
Ratings and calculations have been completed for each duty assigned.			
Interim review comments, provided throughout the year, justify the annual performance rating given.			

Category totals have been accurately transferred to Section A, and the overall total is correct.			
Correct selection has been marked in Section B that represents the overall score.			
Employee Response selection is marked by the employee.			
Employee, evaluator and next-line supervisor signed and dated with red ink.			
Employee was provided a completed/signed copy.			

Other	Yes	No	N/A
If correction was required, both employee and supervisor initialed and dated each change in red ink.			
No alterations are made to the forms.			